DA	TE		

APPLICATION FOR

Junk Dealer

Scrap Metal Processor

The Undersigned he	ereby makes writ	tten application for a	ı			
license on this	day of		_, 20	S	Said business	s to be located at
Street Number/ Street Na		_, Houston, Texas, _			_ which will	be the business
address. The busine	ess name:					
and telephone number	per is		·			
Will you store Flan	mmable or Com	bustible Liquids?		Yes _	No	Initials
Will any welding o	or cutting be cor	nducted at this facil	lity?	Yes_	No	Initials
If you answered yo Department Perm		e above questions, ation.	you m	ust att	ach a copy o	of your Fire
Is your facility sub Commission on En stormwater discha	ivironmental Q	• \/	kas	Yes _	No	Initials
coverage under TO for your facility, in	CEQ General Po addition to sen	on, you must attach ermit No. TXR0500 dding a copy of eith comply with Article	000 or er to C	a copy City En	of the indivigineer, P.O	ridual permit . Box 131927,
The applicant is an	individual	a co-partners	hip	a c	orporation.	
The residence of the	e owner is	Street Number/Street N	ame/City	y/State/Zi	p Code	·
Residence phone is	A. C. J. (D)					
		nd address of the par	rtn oras			
ii a co-partifership,	give the name at	nd address of the pai	mers.			
		<u> </u>				
If a corporation, the	e corporate addre	ess is:				
and the names of th	e officers are:					
President or Chairman		-	Vice P	resident o	or Vice Chairma	n
Secretary			Treasu	ırer		
in strict accordance	with the ordinar the City Code of	ued as requested, I (vaces of the City of H F Ordinances or any	ouston	ı. I (we	e) have not h	ad a license
Applicant Signature				Driver's l	License No. or I	.D.
			(Sopy a	шиниј		
Print Name						
	City of Houston	upancy must be suk n. Mail payment to ston, Texas 77251.				